

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo. Andrew Babel

Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 190 *3* Month *Dec* Day *15* Age *57* Years *11* Months *8* Days

Sex *Male* Color or Race *White* Birth-place *Baravia, Ger.*

Married, Single or Widowed *married* Occupation *Retired Blacksmith*

Name of Wife or ~~Husband~~ *Mary Kalb*

Father's Name *John Christian Babel* Father's Birthplace *Baravia, Ger.*

Mother's Maiden Name *unknown* Mother's Birthplace *Germany*

Name of person giving information *~~Geo~~ Mary Kalb Babel* How related to deceased *wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cardiac Hypertrophy* How long *About 2 years*

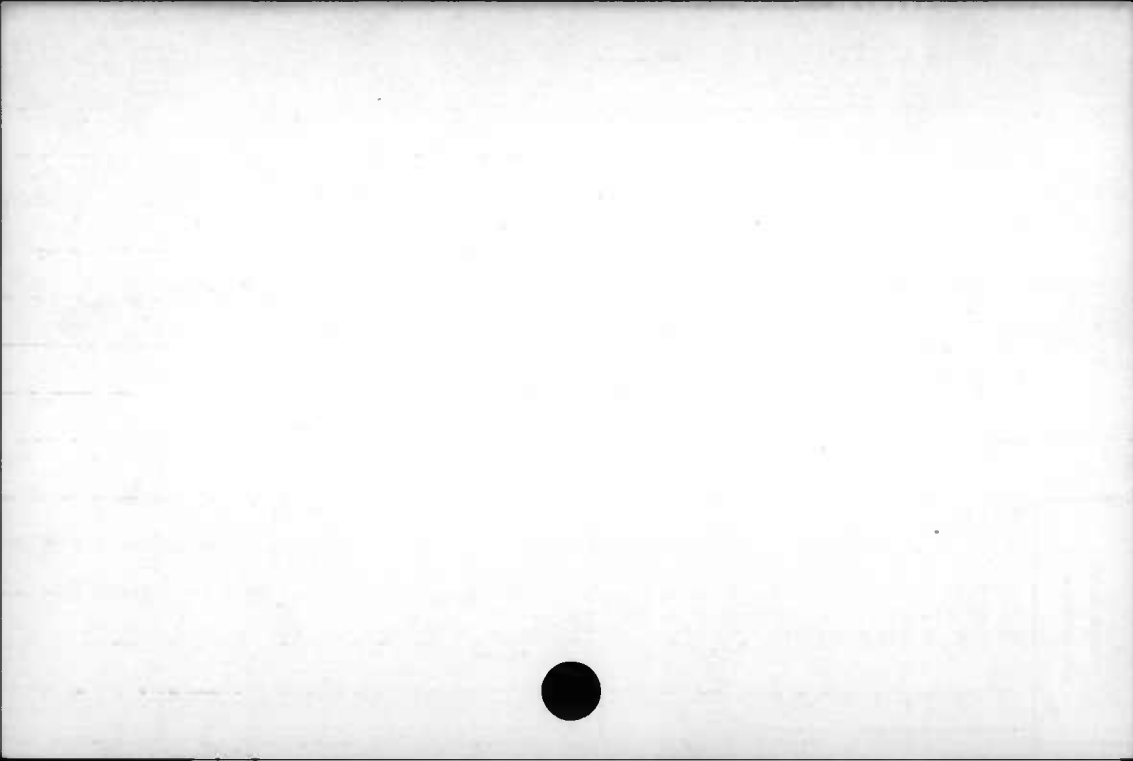
Immediate *Dilatation left ventricle* How long *3 or 4 months*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Sabner MD*

Address *17 E 2nd St.*

Accident or Suicide?



Name
in
Full

Roy Ben Barger

CERTIFICATE OF DEATH

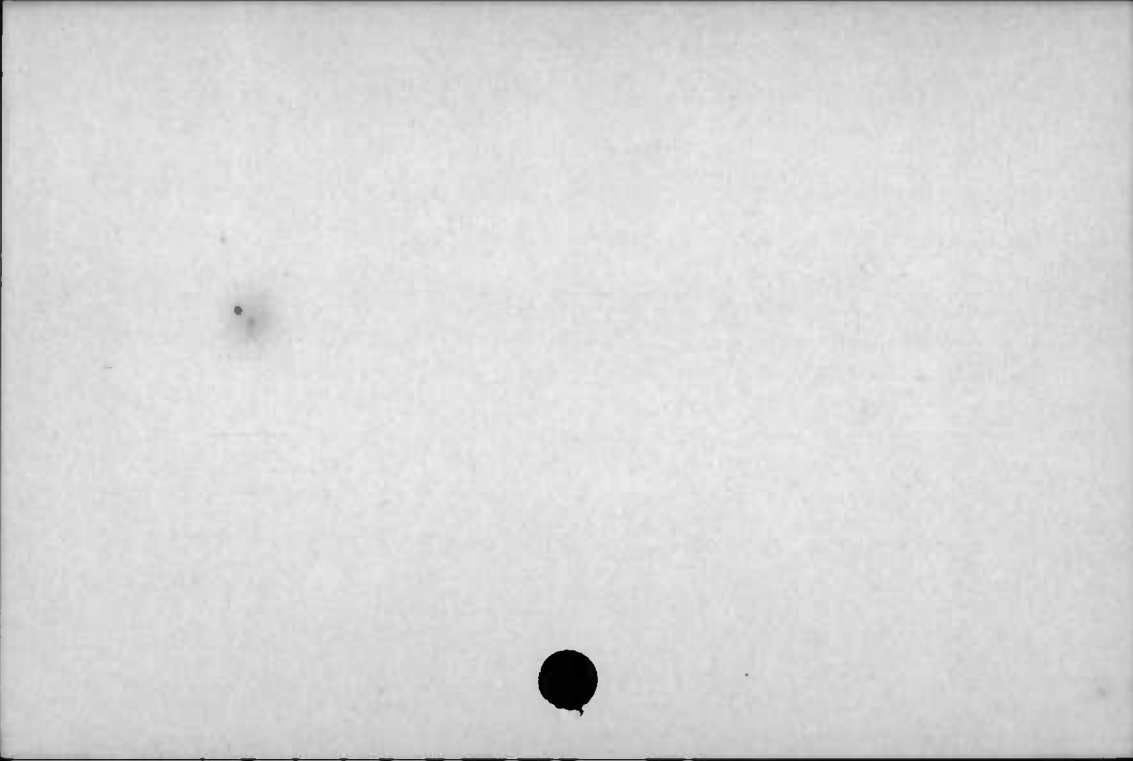
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Brunswick</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>12</i>	Day <i>14</i>	Age <i>1</i>	Years <i>1</i>	Months <i>1</i>	Days <i>13</i>
Sex <i>Boy</i>	Color or Race <i>White</i>			Birth- place <i>Brunswick</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William P. Barger</i>		Father's Birthplace <i>M. d.</i>					
Mother's Maiden Name <i>Golden M. Kern</i>		Mother's Birthplace <i>M. d.</i>					
Name of person giving Information <i>William P. Barger</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. S. Hedges</i>
	Address <i>Brunswick</i>
Accident or Suicide?	<i>M. d.</i>



Marion Albertus Barnes

Town

County

Died at

Near Seagoville

Frederick

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Dec. 15

Age

23-6-14

Md.

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Samuel T. Barnes

Mother's

Maiden Name

Ellen V. Kehler

Cause of

Primary

General Tuberculosis

How long sick

About 2 years

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

J. O. Hendrix, Md.
Frederick, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Clara Louise Beard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Thurmont		County Frederick		MARYLAND	
Date of death 1903	Month Dec	Day 22	Years 20	Age		Months 5	Days 10
Sex female	Color or Race white		Birth- place Fredk Co. Md.				
Married, Single or Widowed single			Occupation				
Name of Wife or Husband							
Father's Name Samuel Beard				Father's Birthplace Fredk. Co. Md.			
Mother's Maiden Name Moriah Victoria Lightner				Mother's Birthplace " "			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Post Partum fever	How long	3 weeks
Immediate	Acute Septic Peritonitis	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Morris A. Birch, M.D.	
		Address Thurmont Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Augustus L. Boteler

Town

County

MARYLAND

Died at

Pandemich City -

Date

of death 1903

Month

12

Day

24

Years

Age 67

Months

x

Days

x

Sex

Male

Color or
Race

White

Birth-
place

City -

Occupation

Retired

Where Residing if not
at place of death

x

Married, ~~Single~~
or Widowed

Name of Wife or
Husband

Boteler

Father's
Name

Henry Boteler

Father's
Birthplace

Co

Mother's
Maiden Name

Miss Ann R. Levy -

Mother's
Birthplace

Co

Name of person giving
Information

Wife -

How related
to deceased

x

CAUSES OF DEATH

Primary

Tuberculosis

How long

40 years -

Immediate

Exhaustion

How long

x

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Franklin Buchanan

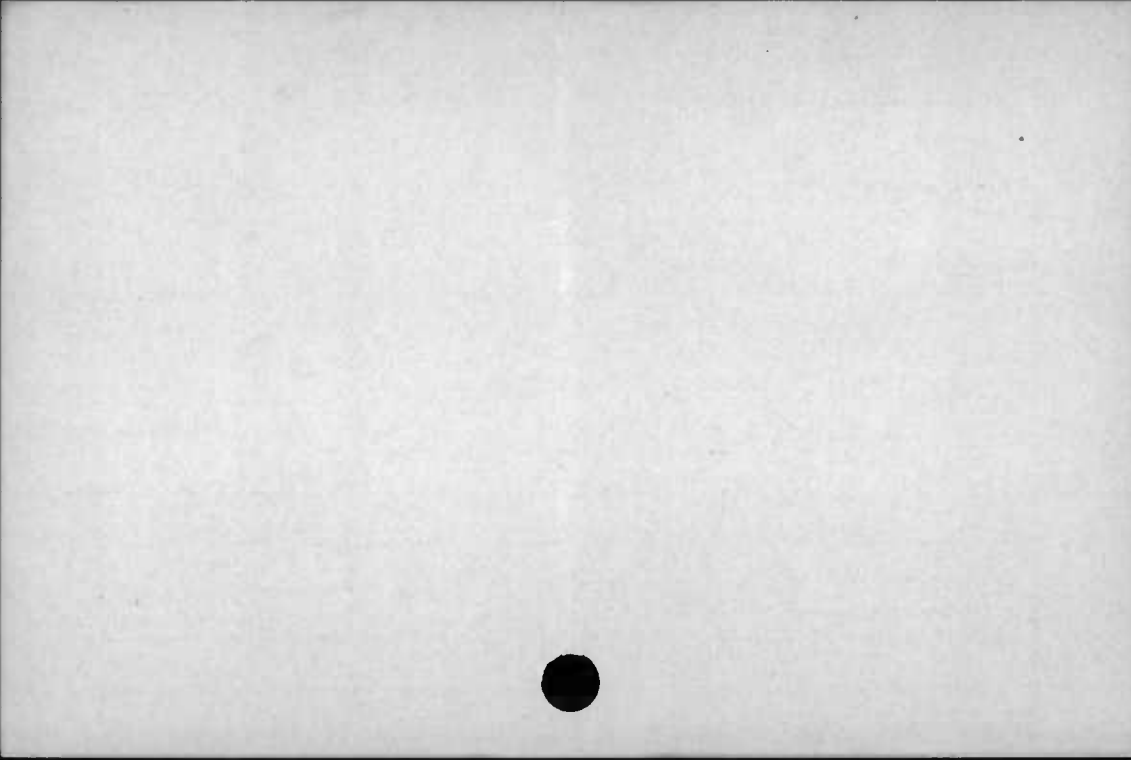
Address

City -

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in Full

Catherine Boyer

CERTIFICATE OF DEATH

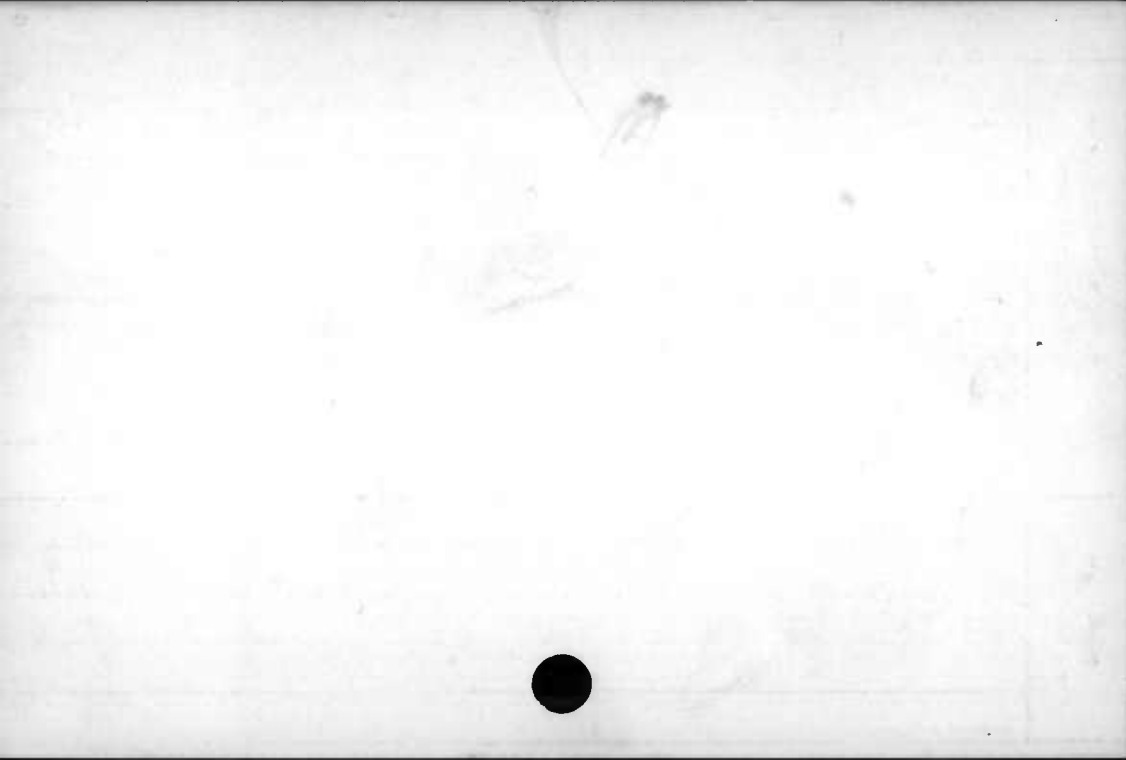
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death	1963	Month Dec	Day 16	Age 67	Years	Months 7	Days
Sex	Female		Color or Race	white		Birth- place	Ind.
Married, Single or Widowed	Single		Occupation	Housekeeping			
Name of Wife or Husband							
Father's Name	Salmon Boyer					Father's Birthplace	Ind.
Mother's Maiden Name	Susan Brunner					Mother's Birthplace	Ind.
Name of person giving information	John Kiphart					How related to deceased	Brother in law

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	Tuberculosis		How long	1 year
Immediate	Heart failure		How long	in
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Linn West	
		Address	Brunswick	
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Induew</i>		Town <i>Induew</i>		County <i>Induew</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>22</i>	Age <i>66</i>	Years <i>1</i>	Months <i>14</i>	Days <i>14</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Induew Co Md</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband							
Father's Name <i>Daniel Brungle</i>				Father's Birthplace <i>Induew Co Md</i>			
Mother's Maiden Name <i>Caroline Thomas</i>				Mother's Birthplace <i>Induew Co Md</i>			
Name of person giving information <i>Mrs Wm J. Miller</i>				How related to deceased <i>Sister</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Principals Anaemia</i>	How long <i>Four or five months</i>
Immediate <i>Heart Failure</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Johnson</i>
	Address <i>Induew Md.</i>
Accident or Suicide?	



Name
in
Full

37

Albert Bryer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near New Market</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>25</i>	Age <i>73</i> ^{Years}	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband					
Father's Name <i>Adam Bryer</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Jacobs</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Ernest Bryer</i>			How related to deceased <i>nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i>6 mos.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>N. H. Hopkins Jr.</i>
	Address <i>New Market,</i>
Accident or Suicide? <i>no</i>	<i>Maryland.</i>



Willie Burrier

Town

County

Died at

MARYLAND

Date 1903 12 13 Age 17. 6. 15 - Frederick 18. Work, Male White Married Widow Divorced Female Colored Single Widower Number of children living None.

Husband of George Burrier
Wife of
Father's Name C. A. Moffitt Mother's Name Julia R. Horner

Cause of Death { Primary Colic of Stomach How long sick 10 weeks
Immediate Heart failure Accident Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Interment Dec 15th

" at Mt Olivet

H. J. Rice & Son

Name
in
Full

Lawson Butler

35

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>New Ridgerville</i>		^{County} <i>Fredricks</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>13</i>	Years <i>65</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i> Md</i>		
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Lettie Butler</i>			Mother's Birthplace <i> Md</i>		
Name of person giving information <i>Harvey Rose</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Strangulation by hanging</i>		How long <i>—</i>
Immediate			How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>H. H. Hopkins Jr. M.D.</i>	
		Address <i>New Market</i>	
Accident or Suicide?	<i>Suicide</i>	<i>Frank Co., Maryland</i>	



Name in Full

Certificate of Death

Margaret Butler

Died at ^{Town} Liberty Town ^{County} Frederick MARYLANDDate 1903 ^{Month} Dec ^{Day} 8th ^{Y.} 25 ^{M.} 7 ^{D.} 18 ^{Native of} Md ^{Occupation} Servant~~Male~~ ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~Husband
of
Wife

Father's Name Chas Butler Mother's Name Annie Butler

Cause of Death { Primary Typhoid Fever How long sick 6 weeks
Immediate Exhaustion
~~Accident, Suicide, Homicide~~Reported by Otho B. Stone Jr. &
Address Liberty Town Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Martha E. Butler

Died at Liberty Town

County Frederick

MARYLAND

Date 1903 Dec 5th Month Dec Day 5th Y. 12 M. 3 D. 18 Native of Ind Occupation servant

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of _____

Wife _____

Father's Name Charles Butler

Mother's Name Annie Butler

Cause of Death { Primary Typhoid Fever

Immediate Perforation Bowel

How long sick one week

Accident, Suicide, Homicide

Reported by Dr. B. Stone

Address Liberty Town Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Peter Carmack

CERTIFICATE OF DEATH

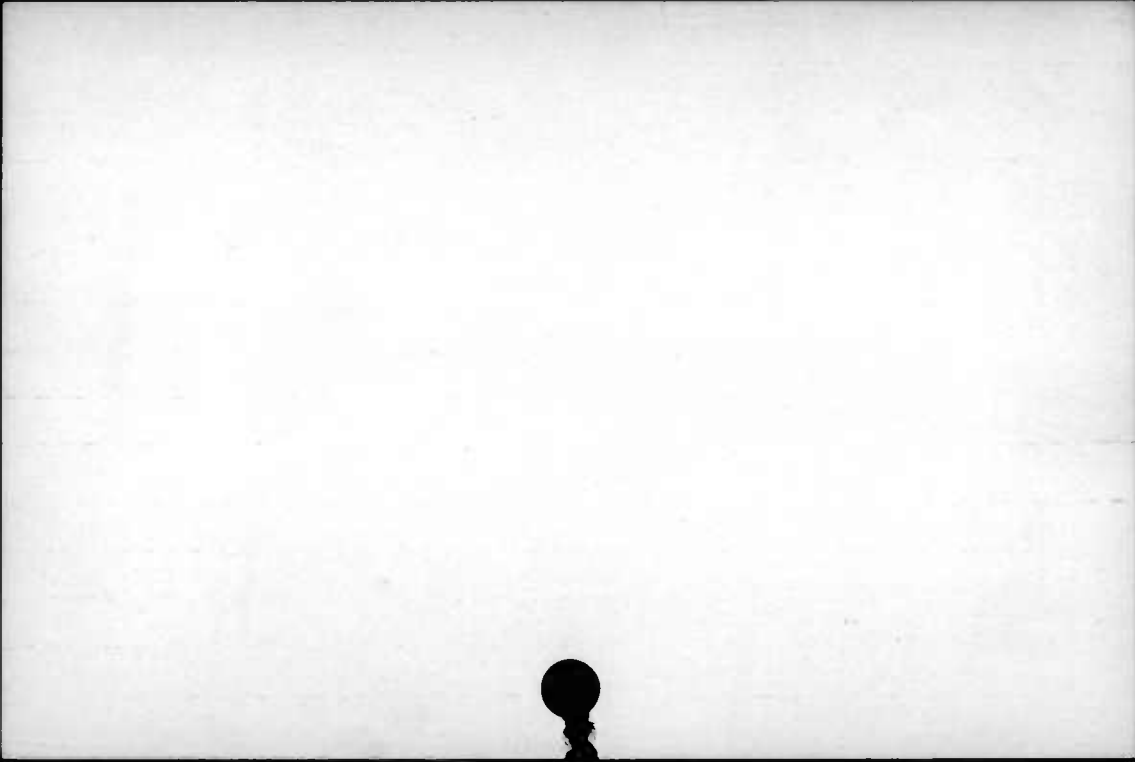
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waltersville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>2</i>	Age	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>CD</i>				
Married, Single or Widowed			Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Elizabeth Carmack (P. L. W. Carmack)</i>							
Father's Name <i>Edmund</i>			Father's Birthplace <i>CD</i>				
Mother's Maiden Name <i>Amelia Gilbert</i>			Mother's Birthplace <i>CD</i>				
Name of person giving information <i>son</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Heart failure suddenly</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles W. Edgerton</i>
	Address <i>Waltersville Ind</i>
Accident or Suicide?	



Name
in
Full

Mary R. Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bella</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death 1903	Month <i>Dec.</i>	Day <i>28</i>	Age <i>63</i>	Months <i>9</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place <i>Mont Co, Md.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>House work</i>			
Name of Wife or Husband <i>Frank Chase</i>					
Father's Name <i>William Price</i>			Fether's Birthplace <i>Md</i>		
Mother's Meiden Name <i>166</i>			Mother's Birthplace		
Name of person giving In formation <i>Ara Beall</i>			How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion following</i>	How long
Immediate <i>acute illness</i>	How long <i>3 wks -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Clyde Boulton</i>
	Address <i>Buckeytown</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

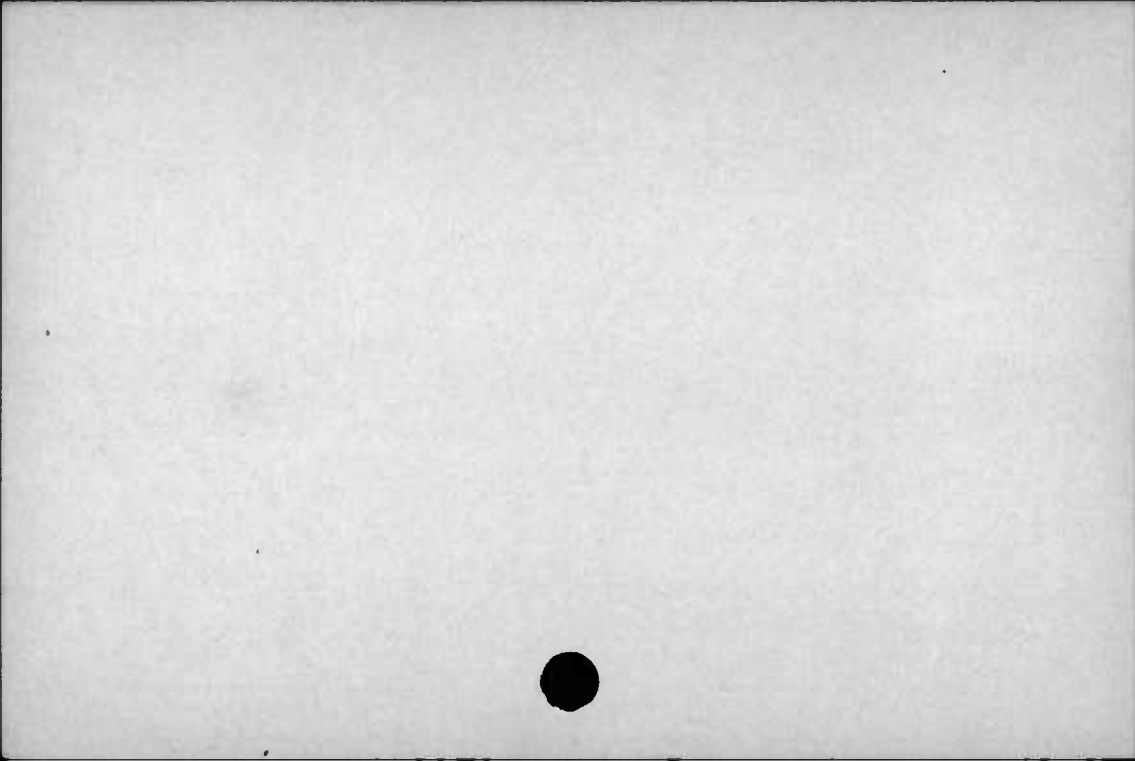
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>8</i>	Years <i>58</i>	Months <i>4</i>	Days <i>10</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>W. Va</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>md</i>				
Married, Single or Widowed <i>married</i>	Name of Wife <i>Sarah A. Clipp</i>				
Father's Name <i>William Clipp</i>	Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>Elizabeth Langdon</i>	Mother's Birthplace <i>Penn</i>				
Name of person giving information <i>William A Clipp</i>	How related to deceased <i>son</i>				

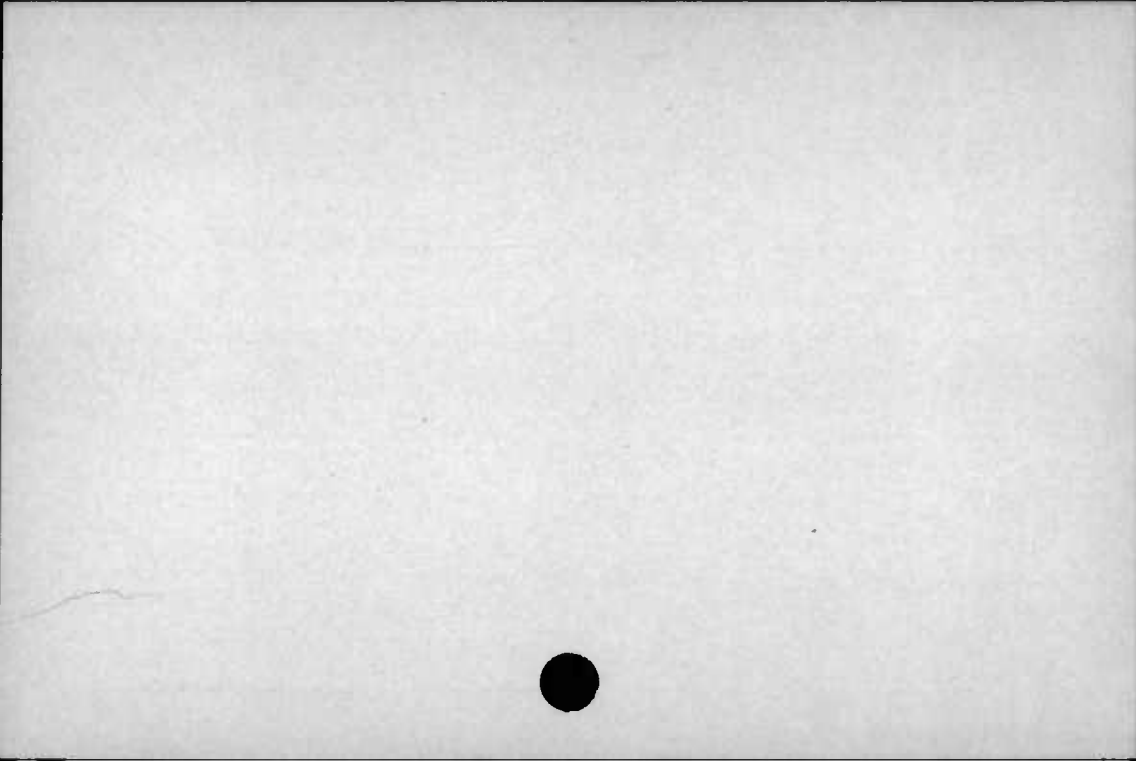
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis of stomach</i>	How long <i>27 months</i>
Immediate <i>Exposure</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. S. Bridges MD</i>
	Address <i>Brunswick</i>
Accident or Suicide? <i>no</i>	



Name in Full		John H. Leutshall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frederick		County Frederick		MARYLAND	
	Date of death	1903	Month Dec	Day 18	Age 61	Years 6	Months 0
	Sex	Male		Color or Race	White		
	Occupation	Clerk		Where Residing if not at place of death		Birth-place Fried. Co., Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Philip Leutshall			Father's Birthplace	Pa	
	Mother's Maiden Name	Lidia Ideagy			Mother's Birthplace	Pa	
Name of person giving information	Wm. Leutshall			How related to deceased	Brother		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic Brights				How long	Several years
	Immediate	Paralysis of heart				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	J. O. Hendrix, M.D.	
					Address	Frederick, Md.	
Accident or Suicide? <input type="checkbox"/>							



Name in Full		Bernie M. Daniels				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Frederick		Frederick		MARYLAND	
	Date of death 190	3	Dec.	27th	Age	76	Months
							Days
	Sex	Male		Color or Race	White		Birth-place
	Married, Single or Widowed	Married		Occupation Retired			
	Name of Wife or Husband						
	Father's Name	William B. Daniels				Father's Birthplace	Va
Mother's Maiden Name	Nancy Bennett				Mother's Birthplace	Not Known	
Name of person giving information					How related to deceased	Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Senile Decay				How long	
	Immediate	Cerebral Hemorrhage				How long	3 hours
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Frank Hedges	
					Address	Frederick Md.	
	Accident or Suicide?						



Name
in
Full

Birth Debit.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain Hospital</i> ^{Town}		<i>Frederick Co</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>December</i>	Day <i>6</i>	Years <i>25</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>		Color <i>or</i> Blue		Birth-place <i>Baltimore Co.</i>	
Married, Single or Widow			Occupation <i>none</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Hannah M. Shook</i>			How related to deceased <i>no</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>+</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. S. Haynard M.D.</i>
	Address <i>17 Second St W. Frederick Md.</i>
Accident or Suicide?	



Name
in
Full

Mrs Rebecca Dunning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Monticello* ^{Town} *Shopt**Pross* ^{County}

Date

of death 1903

Month

Dec

Day

3

Age

Years

80

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Foxville Md*Married, Single
or Widowed*Married*

Occupation

Name of Wife or
HusbandFather's
Name

Mother's

Maiden Name

Name of person giving
In formation*Miss Hannah Shook*Father's
BirthplaceMother's
BirthplaceHow related
to deceased*Not related*

CAUSES OF DEATH

Primary

Paralysis

How long

Several yrs

Immediate

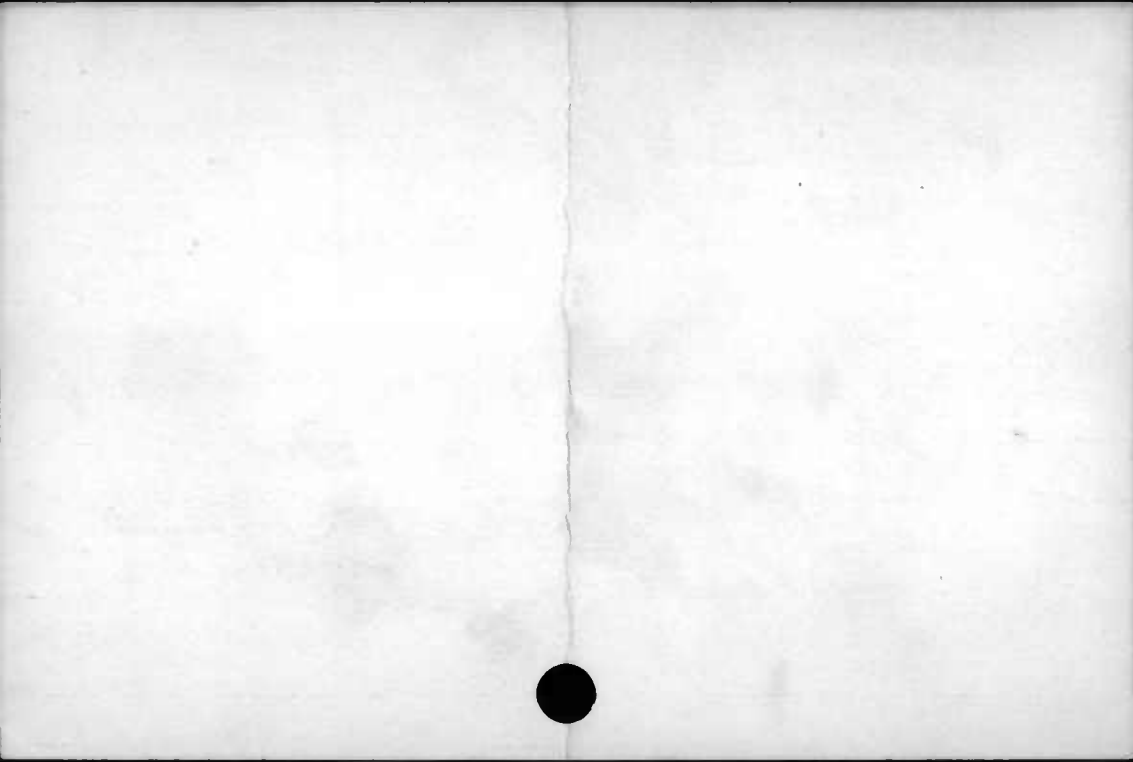
Arterial Stenosis

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. S. Raymond*

Address

*17 Second St. N.
Frederick Md.*PHYSICIAN
OR CORONER*Accident or Suicide?*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Julia A. Ely</i>		Town <i>Fredricks</i>		County <i>Fredricks</i>		State <i>MARYLAND</i>	
Died at <i>Fredricks</i>		Date of death 190 <i>3</i>		Month <i>12</i>		Day <i>9</i>	
Age <i>77</i>		Years <i>77</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>City</i>			
Married, Single or Widowed <i>Widow</i>		Occupation <i>House-Wife</i>					
Name of Wife or Husband <i>David Ely</i>							
Father's Name <i>John Finch</i>		164		Father's Birthplace <i>England</i>			
Mother's Maiden Name <i>Elizabeth Boerner</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs. C. P. Smith</i>				How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fracture of Femur</i>		How long <i>3 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. M. Goodman, M.D.</i>	
		Address <i>Castle Bldg</i>	
-Accident or Suicide?			

Interment Dec 11th 03

" at St John's Cemetery

A. T. Rice Ward's,

Name in Full		Bill Fehliason		34	CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>New Market</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
	Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>12</i>	Age <i>abt 40 yrs</i> <small>Years</small>	Months	Days
	Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland.</i>		
	Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>			
	Name of Wife or husband <i>Mary Beesh Fehliason</i>					
	Father's Name <i>Dont Know.</i>			Father's Birthplace <i>Dont know</i>		
	Mother's Maiden Name <i>Dont Know.</i>			Mother's Birthplace <i>Dont Know.</i>		
Name of person giving information <i>Mary Fehliason</i>			How related to deceased <i>his wife</i>			
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Shot-gun wound</i>			How long <i>immediate</i>		
	Immediate <i>Enactation of Brain</i>			How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>Howard H. Hopkins Jr</i>		
	Accident or Suicide? <i>Suicide</i>			Address <i>New Market</i> <i>Maryland.</i>		



Name in Full Susan Fogle		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Libertytown <small>Town</small>		Franklin <small>County</small>
	Date of death 190 3 <small>Month</small> 12 <small>Day</small> 19		67 <small>Years</small> 0 <small>Months</small> 24 <small>Days</small>
	Sex Female	Color or Race White	Birth-place Maryland
	Married, Single or Widowed Married	Occupation Housewife	
	Name of Wife or Husband Jacob Fogle		
	Father's Name Jacob Keeney	Father's Birthplace Maryland	
	Mother's Maiden Name Mary Fogle	Mother's Birthplace Maryland	
Name of person giving information Jacob Fogle		How related to deceased Husband	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Inflammation of Intestines	How long 7 days	
	Immediate Heart Failure	How long 6 hours	
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dra H. Ball	
	— — —	Address Libertytown, Md.	
	Accident or Suicide? — — —	— — —	



Name
in
Full

Ann Jane Fowler

36,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town New Market		County FRESH		MARYLAND	
Date of death 190	3	Month Dec	Day 15	Age 70	Years	Months	Days
Sex	Female		Color or Race	White		Birth place	Bath Co
Married, Single or Widowed	Widowed			Occupation	Housewife		
Name of Wife or Husband	J H Fowler						
Father's Name	Don't Know					Father's Birthplace	
Mother's Maiden Name	Don't Know					Mother's Birthplace	
Name of person giving Information	Dr Downey					How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lobar Pneumonia	How long	5 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J H Downey
		Address	New Market
Accident or Suicide?			



Name
in
Full

Oscar A Freeze

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Thurmont</i>		Town		<i>Frederick</i>		County		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>1</i>	Age Years		Months <i>10</i>	Days			
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>					
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name <i>Wilbur Freeze</i>				<i>10</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Bertha Fleagle</i>						Mother's Birthplace "			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe Pneumonia</i>	How long	<i>2 weeks -</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>2 da -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Marion A Birch</i>	
<i>yes</i>		Address <i>Thurmont Md.</i>	
Accident or Suicide?			



Name
in
Full

Sarah A. Garber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} <i>Johnsville</i> Town		<i>Fredrick</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec.</i>	Day <i>25</i>	Age <i>81</i>	Months <i>5</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Widowed <i>Widowed</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Ephraim Garber</i>					
Father's Name <i>Solomon Waltz</i>			Father's Birthplace <i>New Rock Hill</i>		
Mother's Maiden Name <i>Elizabeth Hitzler</i>			Mother's Birthplace <i>Johnsville</i>		
Name of person giving Information <i>W. R. Waltz</i>			How related to deceased <i>Brother</i>		

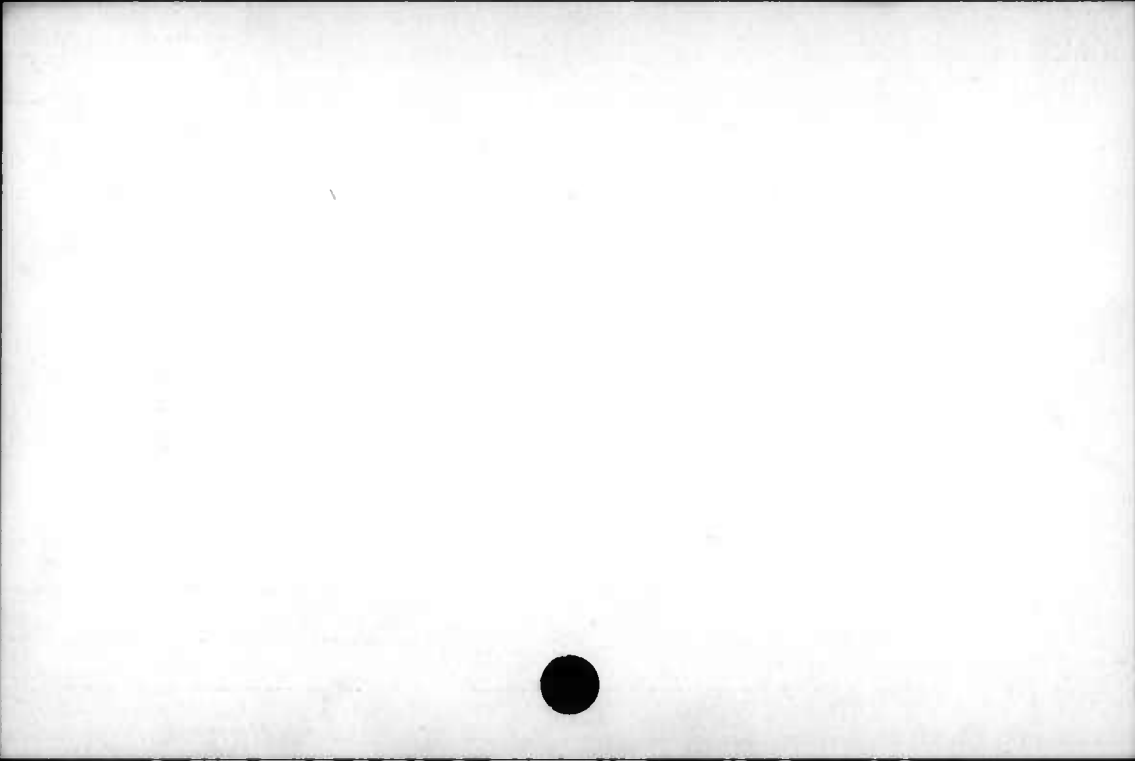
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age & General Debility</i>	How long <i>—</i>
Immediate <i>Pneumonia</i>	How long <i>about one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. H. Sidwell</i>
	Address <i>Johnsville —</i>
Accident or Suicide?	



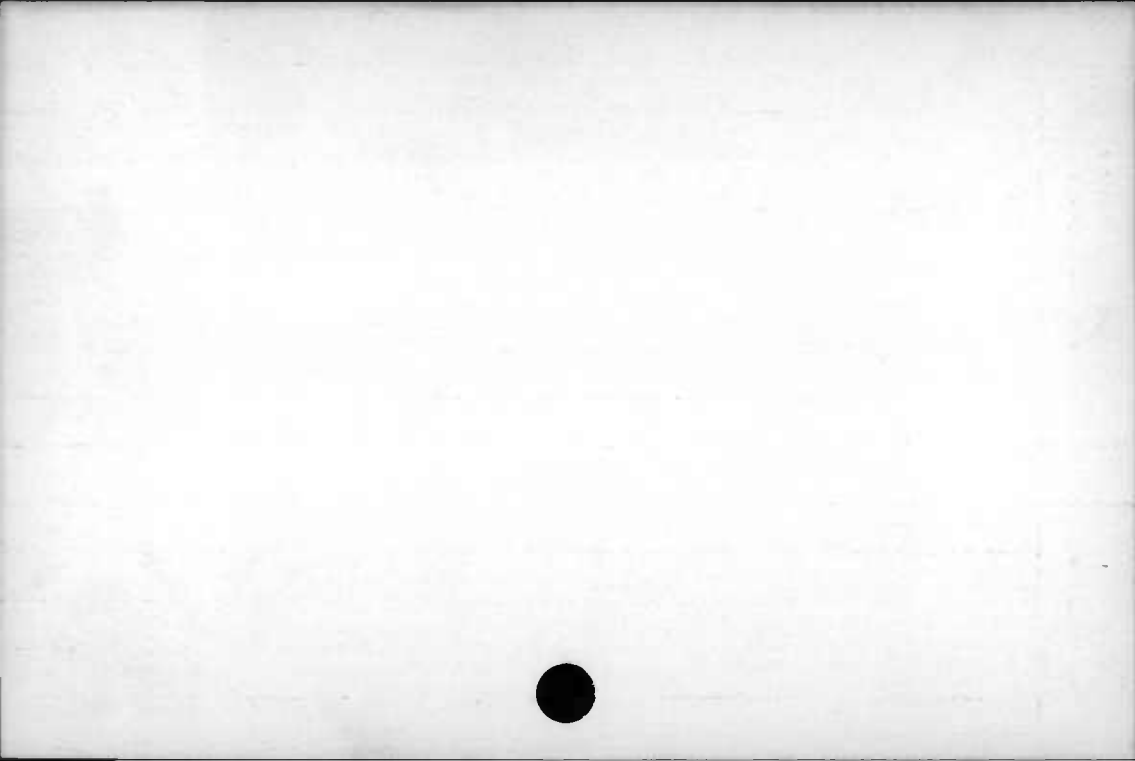
Name in Full <i>Virginia Garber</i>		Town <i>Fredrick</i>		County <i>Fredrick</i>		CERTIFICATE OF DEATH	
Died at <i>Fredrick</i>		Month <i>12</i>		Day <i>21</i>		MARYLAND	
Date of death 1903		Age <i>18</i>		Years <i>0</i>		Months <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>City</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Seamstress</i>					
Name of Wife or Husband							
Father's Name <i>Solomon Garber</i>		Father's Birthplace <i>Fredrick Md</i>					
Mother's Maiden Name <i>Isabell Brightwell</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>S. Garber</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							
Primary <i>Dissolved Heart Valvular</i>		How long <i>10 yrs</i>					
Immediate <i>Dropsy</i>		How long <i>2 Mos.</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>S. S. Maynard</i>					
		Address <i>17 Second St W</i>					
Accident or Suicide?							



Name in Full		William H Garner				CERTIFICATE OF DEATH	
Died at		Town Daysville		County Frederick		MARYLAND	
Date of death 1903		Month Dec		Day 27		Age 61	
Sex Male		Color or Race White		Birthplace Fred Co		Months 7	
Married, Single or Widowed Married		Occupation Farmer					
Name of Wife or Husband Margaret Pippin							
Father's Name Emrich Garner		Father's Birthplace Fred Co					
Mother's Maiden Name Do not know		Mother's Birthplace not known					
Name of person giving information Friend		How related to deceased Not related					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Paralysis		How long 2 years	
	Immediate Coma		How long 3 days	
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. Thomas Prin.	
	Address Liberty town Md			
Accident or Suicide? <u> </u>				



Name in Full

Certificate of Death

George Henry Gilbert

Town

County

Died at

MARYLAND

Date 1803 Month Dec. Day 1 Y. 72. M. 9. D. 8 Native of Md. Occupation Shumaker.
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Henry's

How long sick

1 week

Death

Immediate

Kidney disease

Accident, Suicide, Homicide

Reported by

D. H. Tharrell, Undertaker

Address

Brooktown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry L. Glassner* Town *Frederick* County *Frederick* MARYLAND

Died at *Frederick*

Date of death 190 *3* Dec, *27* Day Age *26* Years Months *1* Days *20*

Sex *Male* Color or Race *White* Birth-place *Med.*

Married, Single or Widowed *Single* Occupation *Barber*

Name of Wife or Husband *William J. Glassner*

Father's Name *William J. Glassner* Father's Birthplace *Med.*

Mother's Maiden Name *Mary Jane Dandis* Mother's Birthplace *Med.*

Name of person giving information *Ann Rebecca Gilbert* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

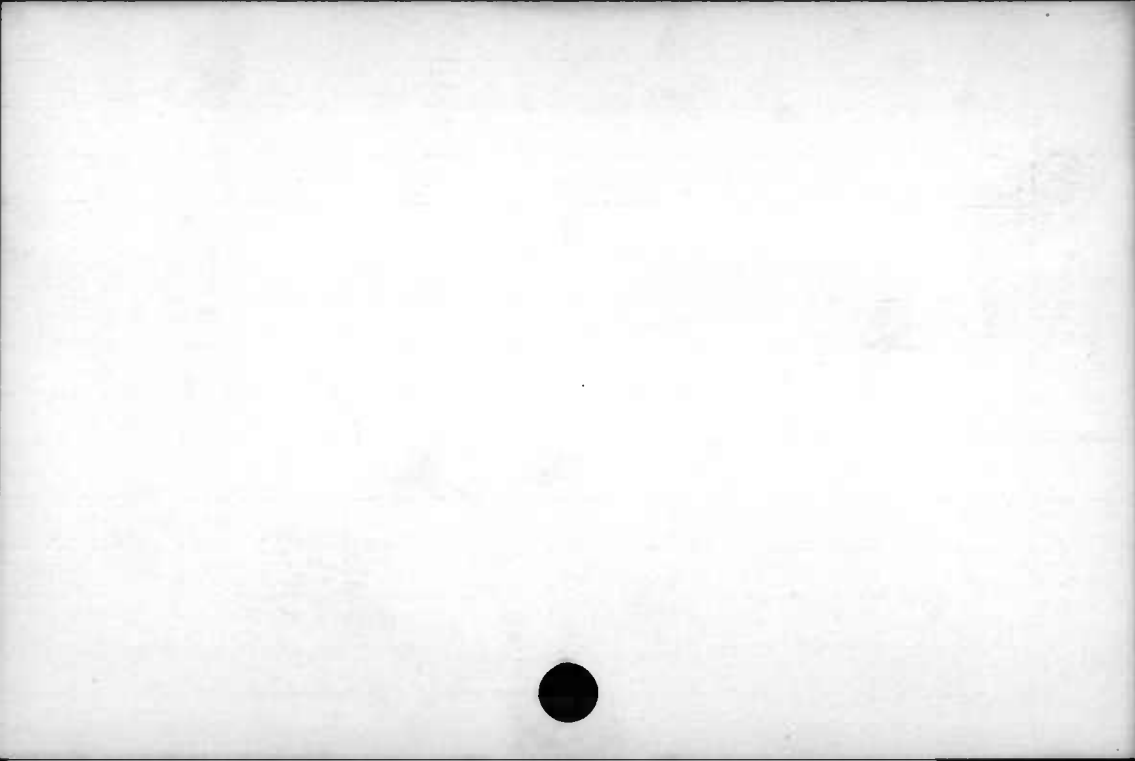
Primary *Pneumonia Pulmonalis* How long *18 months*

Immediate *Anemia* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. W. Hoff* Address *Frederick, Md.*

Accident or Suicide?



Name in Full

Certificate of Death

Anna May Elizabeth Grubbs

Town

County

Died at New Oak Hill, Frederick

MARYLAND

Date 1893 Month Dec. Day 15 Age 17. Y. 4. M. 23 D. 23 Native of Md Occupation —

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife of

Father's

Name

Mother's

Name

Cause of Primary

Death Immediate

How long sick

Several months

Accident, Suicide, Homicide

Reported by L. Wharrelle undertaker

Address Wrocksbury, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868



Name
in
Full

CERTIFICATE OF DEATH

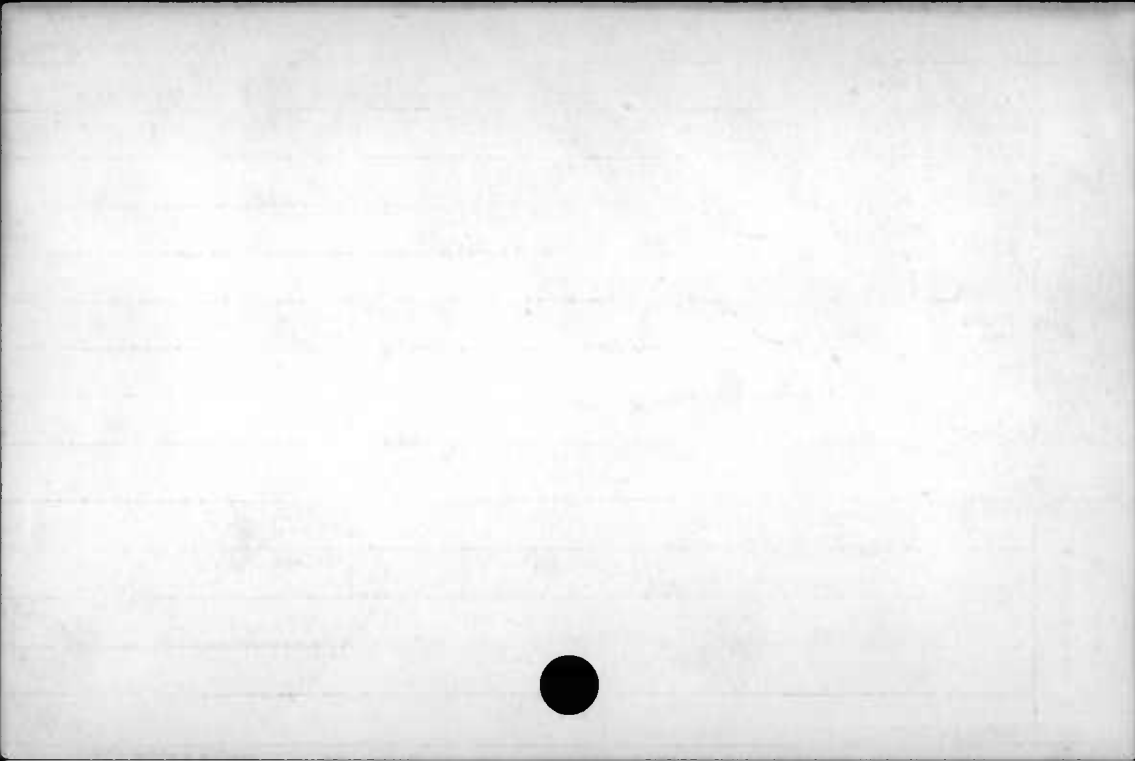
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brownsville</i> ^{Town}		<i>Grayble</i> ^{County}		<i>Fredereck</i>		MARYLAND	
Date of death 1903	Month <i>Dec.</i>	Day <i>29</i>	Age	Years	Months <i>1</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>—</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Robt. Edward Grayble</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Ester May Frozier</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Ester May Frozier</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Opium poisoning</i>	How long <i>12 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Lerin Frost</i>
	Address <i>Brownsville, Ind</i>
Accident or Suicide? <i>Accident</i>	



Annie F. Harbaugh.

Died at ^{Town} Sabillasville ^{County} Frederick MARYLAND

Date 1900 Dec 27 Age 37 Native of Frederick Co. Occupation Housewife

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Singl~~ ~~Widower~~ Number of children living None

~~Husband~~ of Leonard C Harbaugh

Wife

Father's Name Abram Stern Mother's Name Julia A. McKissick

Maiden Name

Cause of Primary Heart Disease How long sick died very suddenly

Death Immediate Sudden Heart failure Accident, Suicide, Homicide

Reported by Dr. G. L. Hatcher

Address Sabillasville Maryland.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Mary Ellen Harris

Died at *Yellow Springs* *Frederick* County

MARYLAND

Date of death 1903 *Dec.* *11* *11* *55* *1* *22*

Sex *Female* Color or Race *White* Birth-place *Ind.*

Married, Single or Widowed *Widow* Occupation *House Keeper*

Name of Wife or Husband *George W. Harris Deed.*

Father's Name *David Levi Staley* Father's Birthplace *Ind.*

Mother's Maiden Name *Sarah A. McDowell* Mother's Birthplace *Ind.*

Name of person giving information *H. E. Staley* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer* How long *2 yrs.*

Immediate *Asthemia* How long *several months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *S. V. Haffner* Address *Frederick Ind.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month <i>Dec</i>	Day <i>30</i>	Age	Years <i>70</i>	Months <i>—</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>—</i>				
Married, Single or Widowed <i>Widow</i>			Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Otto Harris</i>							
Father's Name <i>Jacob Henry</i>				Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Mary</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Martin E. Harris</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>Indefinite</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Goodman M.D.</i>
	Address <i>Frederick</i>
Accident or Suicide?	

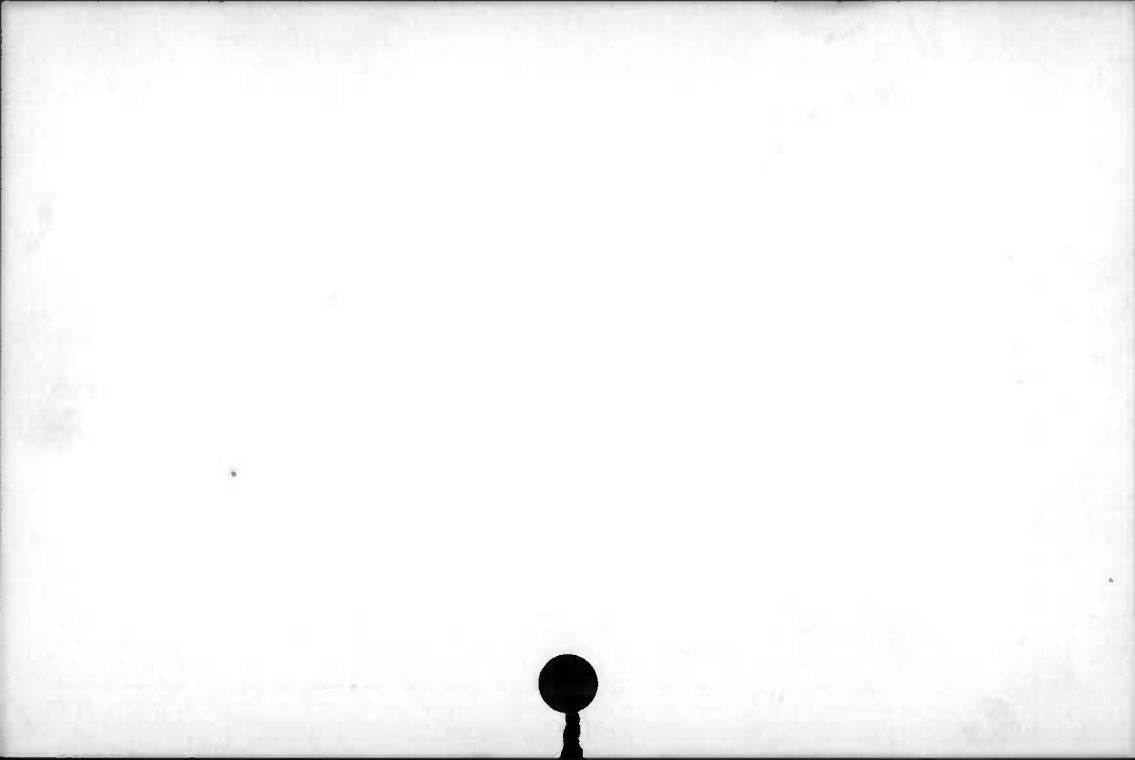
Interment at Mt Zion

" ~~Dec~~

" Jan 1st 04

A T Price & Son's.

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Frederick</i>		County <i>Frederick</i>			
		State <i>Md.</i>		MAYLAND			
		Date of death 190 <i>3</i>	Month <i>Decem</i>	Day <i>14th</i>	Age <i>62</i>	Months <i>9</i>	Days <i>5</i>
		Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
		Married, Single or Widowed <i>Married</i>	Occupation <i>Labourer</i>				
		Name of Wife or Husband <i>Mary C. Nickley</i>					
		Father's Name <i>Nicholas Hartsock</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Catherine Worystan</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Mary Kirby</i>		How related to deceased <i>Sister</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Cerebral Hemorrhage</i>		How long <i>about 4 hours</i>			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank Hedge M.D.</i>			
				Address			
		Accident or Suicide?					



Name
in
Full

Arthur Lee Stuffer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Broad Run* Town *Fredrick* County **MARYLAND**

Date of death 190*3* Month *Dec* Day *3* Age *4* Years Months *1* Days *11*

Sex *Male* Color or Race *White* Birth-place *Md.*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Chas. S. Stuffer* Father's Birthplace *Md*

Mother's Maiden Name *Jennie C. Lightman* Mother's Birthplace *Md*

Name of person giving information *Arthur Stuffer* How related to deceased *Father.*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Acute Congestion of Brain* How long *about 10 hrs.*

Immediate *Convulsion* How long *—*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *C. H. Schiltmeier*

Address *Burkittsville, Md.*

Accident or Suicide? ☐



Name
In
Full

Lydia F. Jennings.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burrkettsville</i>		Town <i>Burrkettsville</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>5</i>	Age <i>61</i>	Years <i>61</i>	Months <i>3</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>					
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>						
Name of Wife or Husband <i>John H. Jennings</i>							
Father's Name <i>Derry Sigler</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Sarah</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Joseph Jennings</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis, with a</i>	How long <i>about 4 Mos</i>
Immediate <i>Development of Thrombus & Embolism</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Schietnick</i>
	Address <i>Burrkettsville</i>
Accident or Suicide?	<i>Ind.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Montone Hospital</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>30</i>	Age <i>78</i>	Years	Months	Days	
Sex		Color or Race <i>White</i>		Birth-place <i>Montgomery Co</i>			
Married, Single or Widowed <i>X</i>		Occupation <i>+</i>					
Name of Wife or Husband <i>X</i>							
Father's Name <i>X</i>		Mother's Maiden Name <i>X</i>		Father's Birthplace <i>X</i>		Mother's Birthplace <i>X</i>	
Name of person giving information		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>X</i>
Immediate <i>Exhaustion</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Broad St W.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

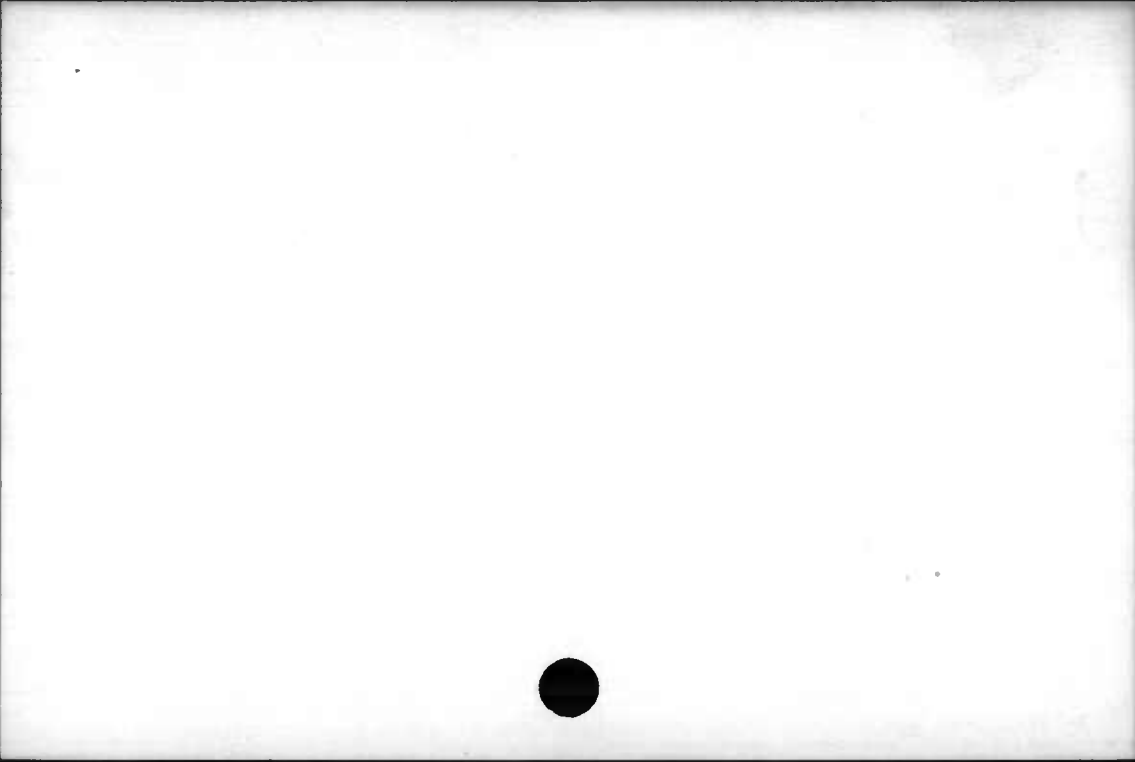
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Thurmout</i> Town		<i>Fredensck</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>one</i>	Day <i>2nd</i>	Age <i>85</i> Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fredensck Co. Ind.</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Retired Farmer</i>		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mrs Geo Graily</i>			How related to deceased <i>Daughter in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronch Pneumonia</i>	How long <i>3 weeks</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. G. Kefauver M.D.</i>
	Address <i>Thurmout, Maryland.</i>
Accident or Suicide?	



Name in Full

James E. Kauffman.

Certificate of Death

Died at Bellevue Town Frederick County MARYLAND

Date 1903 12 Month 16 Day Y. M. D. Age 11 9 Native of Maryland Occupation none.

Male Yes White Yes Married Widow Divorced Female Colored Single Widower Number of children living

Husband of Infant

Father's Name John H. Kauffman Mother's Maiden Name Lucinda Hangle

Cause of Death { Primary Pneumonia & Bronchitis How long sick 11 days.

Death { Immediate Accident, Suicide, Homicide

Reported by R. L. Hammond Physician

Address Bellevue Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

CERTIFICATE OF DEATH

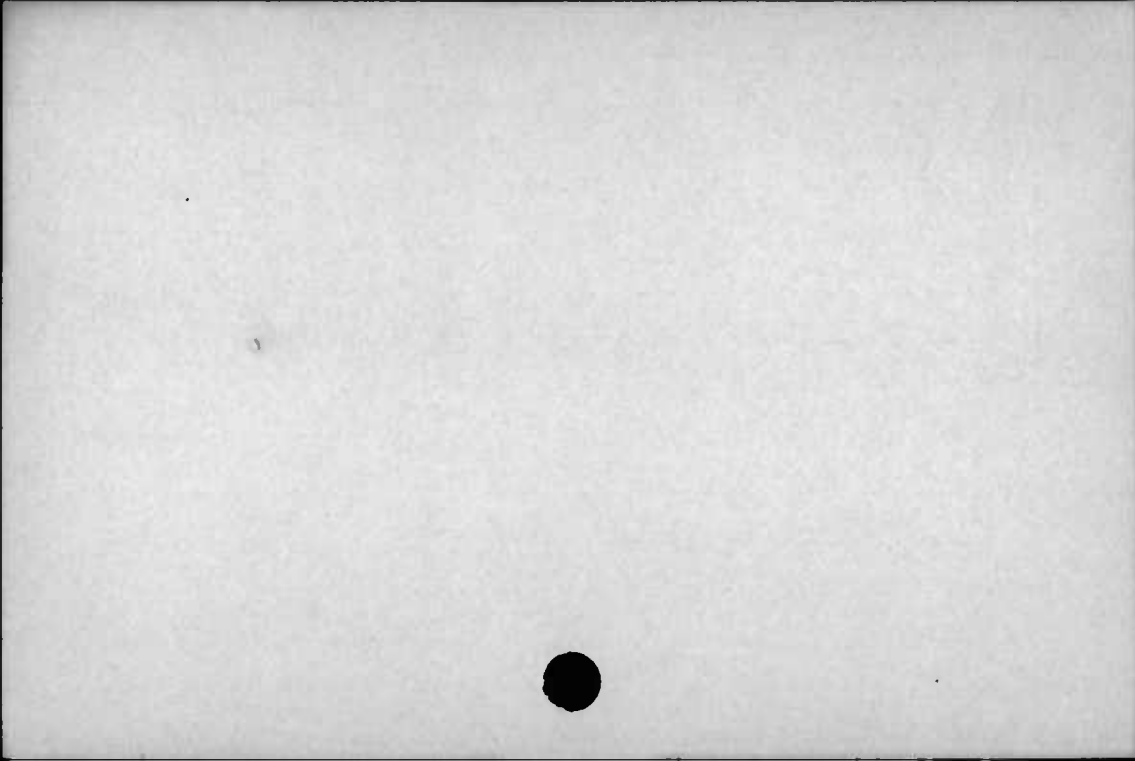
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Williames Milliard Kelley</i>		Town <i>Brunswick</i>		County <i>Friedrick</i>		MARYLAND	
Died at		Month <i>12</i>		Day <i>12</i>		Years <i>1</i>	
Date of death <i>1903</i>		Month <i>12</i>		Day <i>12</i>		Years <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Brunswick</i>		Days <i>11</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>William W. Kelley</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Larua V. Phillips</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>William W. Kelley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>7 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. S. Hedges</i>	
		Address <i>Brunswick md</i>	
Accident or Suicide?			



Name In Full

Certificate of Death

Died at *Ella* Town *Frederick* County *Keller* *Frederick* MARYLAND

Date 19*03* Month *12* Day *19* Age *52* Y. *2* M. *—* D. *—* Native of *Schwellbacht* Occupation *Schwellbacht*

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of _____

Wife

Father's

Mother's

Name

Maiden Name

93

Cause of Death { Primary *Pneumonia* How long sick *one week*
 { Immediate *Heart failure* Accident, Suicide, Homicide

Reported by

Dr. Wm. C. Johnson

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Harriet S Lightner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurmont</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>12</i>	Day <i>13</i>	Years <i>Age about 72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>widowed</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Joseph Lightner</i>					
Father's Name <i>John Holz</i>			Father's Birthplace <i>66.</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving information <i>Henry Lightner</i>			How related to deceased <i>step son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hemicphlegia</i>	How long <i>2 years</i>
Immediate <i>Rheumatism & Heart Disease</i>	How long <i>1</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. G. Kefauver, M.D.</i>
	Address <i>Thurmont - Md.</i>
Accident or Suicide?	

11/14/17

11/14/17

11/14/17

12



Name
in
Full

M Bride, Florence Larina

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at 7 Town

County

Frederick

Date

of death 1903

Month

12

Day

19

Age

Years

1

Months

1

Days

22

Sex

Female

Color or
Race

White

Birth-
place

Frederick

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Seymour M Bride

Father's
BirthplaceMother's
Maiden Name

Ada Stein

Mother's
BirthplaceName of person giving
information

Mother

How related
to deceased

CAUSES OF DEATH

Primary

Enteritis

How long

5 days

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

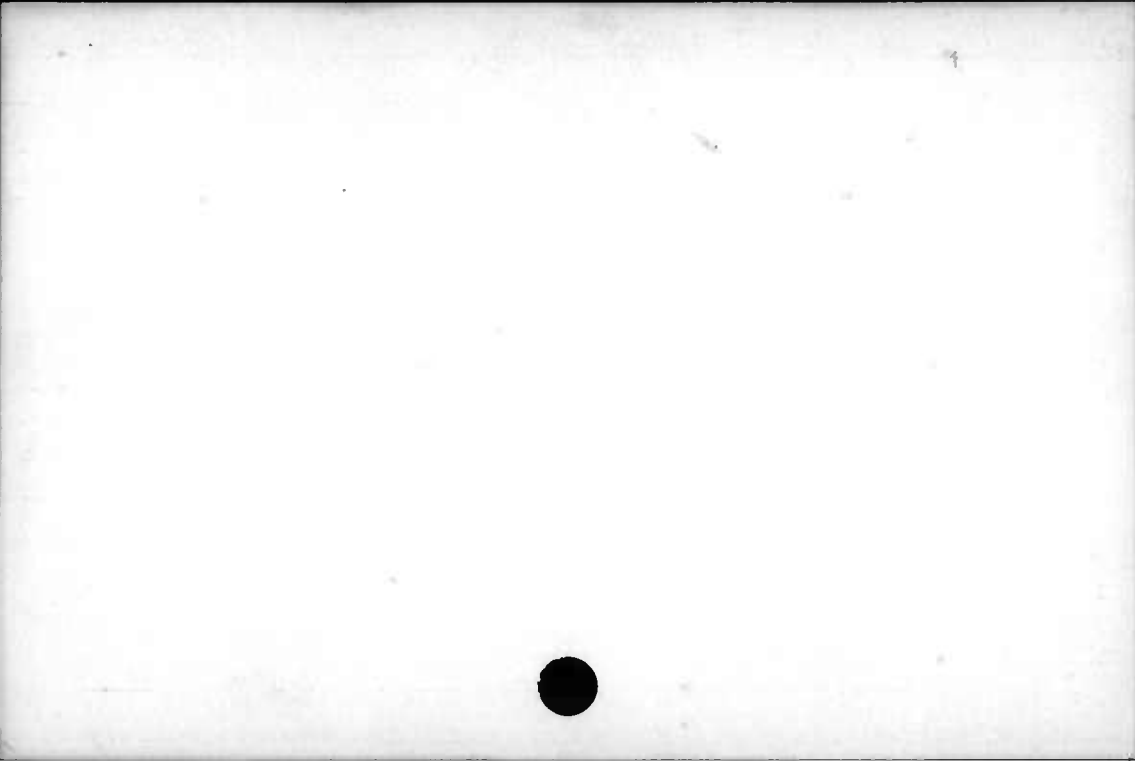
H P Fahney

Address

Frederick Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

Wm McMann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Dec</u>	Day <u>17</u>	Age <u>8</u> Years	Months <u>2</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>Dennis McMann</u>		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Elizabeth Walling</u>		Mother's Birthplace <u>Frederick</u>			
Name of person giving information <u>Undertaker</u>		How related to deceased <u>not.</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diphtheria</u>	How long <u>6 days</u>
Immediate <u>Toxaemia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Labner</u> <u>md</u>
	Address <u>—</u>
Accident or Suicide? <u>—</u>	



Name in Full:

Certificate of Death

Harry C. Metcalfe

Town

County

Died at

Johnsville

Frederick

MARYLAND

Date: 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Dec 31

Age

20-1-12

Ma.

Clerk

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Clinton Metcalfe

Mother's

Name

Nettie Smith

Cause of

Primary

Variola

How long sick

10 days

Death

Immediate

Suppurating pustules

~~Accident, Suicide, Homicide~~

Reported by

Otis B. Stone M. D.

Address

Liberty Town

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Mastha Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Montross ^{County} Hospital, Fredericks

MARYLAND

Date of death 1903 ^{Month} Dec ^{Day} 23 ^{Years} Age 76 ^{Months} ^{Days}Sex Female ^{Color or Race} Colored - ^{Birth-place}Married, Single or Widowed ☒ OccupationName of Wife or Husband ☒Father's Name ☒ Father's Birthplace ☒Mother's Maiden Name ☒ Mother's Birthplace ☒Name of person giving information Miss Shook ^{How related to deceased}

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Cancer of Womb ^{How long} 2 yrsImmediate & hemorrhage ^{How long} 1

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. S. Maynard

Address 17 Lewis St W.

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monte Hospitas</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>19</i>	Age <i>78</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White -</i>		Birth-place <i>X</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Carpenter</i>					
Name of Wife or Husband							
Father's Name <i>John Mohler</i>				Father's Birthplace <i>Indiana Co</i>			
Mother's Maiden Name <i>Hilshen</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Mrs Eworthy</i>				How related to deceased <i>Agent</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gangrene of foot</i>	How long <i>3 Mos</i>
Immediate <i>2 humerus</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Magnard</i>
	Address <i>17 Queen St W Frederick Md.</i>
Accident or Suicide?	

Buried at Mount
Olive Cemetery-

Dec 20th 1903

C. C. Early-
FD

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Fredrick</i> Town <i>Fredrick</i> County <i>Fredrick</i>			
Date of death 1903	Month <i>Dec</i>	Day <i>31</i>	Age <i>44</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Fredrick Md</i>	Months <i>6</i> Days <i>13</i>
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Sally Phelps</i>			
Father's Name <i>John Mulhorn</i>	Father's Birthplace <i>Fredrick Md</i>		
Mother's Maiden Name <i>Wm. J. Mulhorn</i>	Mother's Birthplace <i>Fredrick Md</i>		
Name of person giving information <i>Wm. J. Mulhorn</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>Several yrs</i>
Immediate <i>Dropsy</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Magnerd</i>
	Address <i>17 Grand St W. Fredrick Md.</i>
Accident or Suicide?	



Name
in
Full

Thomas P. Mullins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indenrich</i> Town			<i>Indenrich</i> County			MARYLAND	
Date of death 190 3	Month 12	Day 18	Age 60	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Indenrich Co</i>			
Married, Single or Widowed			Occupation <i>Telegraph Operator</i>				
Name of Wife or Husband <i>Mary Burns</i>							
Father's Name <i>Thomas Mullins</i>				Father's Birthplace <i>Indenrich Co</i>			
Mother's Maiden Name <i>Isabella Paisley</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Wife</i>				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocarditis</i>	How long ?
Immediate <i>Exhaustion</i>	How long ?
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Charles H. Hansen</i>
	Address <i>Frederick Md</i>
Accident or Suicide?	

100-100000-100000
100-100000-100000

100-100000-100000
100-100000-100000

Name
in
Full

William Henry Myers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lebanity</i>		County <i>Frederick Co</i>		MARYLAND	
Date of death 190	3	Month <i>Dec</i>	Day <i>16</i>	Age as reported	Years <i>2</i>	Months	Days <i>3</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Fred Co</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Leatner.</i>					
Name of Wife or Husband <i>Rosanna Brightmille</i>							
Father's Name <i>Gacariah Myers</i>				Father's Birthplace <i>Not Known</i>			
Mother's Maiden Name <i>Isabella Ecker</i>				Mother's Birthplace <i>Not Known</i>			
Name of person giving In formation <i>Stephen D. Myers. Son</i>				How related to deceased <i>Son.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart Disease</i>	How long <i>For many years</i>
Immediate <i>Heart failure</i>	How long <i>Sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far</i>	Signature of Physician <i>J. Thomas Smith.</i>
<i>as Known</i>	Address <i>Lebanity town</i>
Accident or Suicide? <i>Not</i>	<i>Md.</i>



Name
in
Full

Infant of Clarence & Mary Page

CERTIFICATE OF DEATH

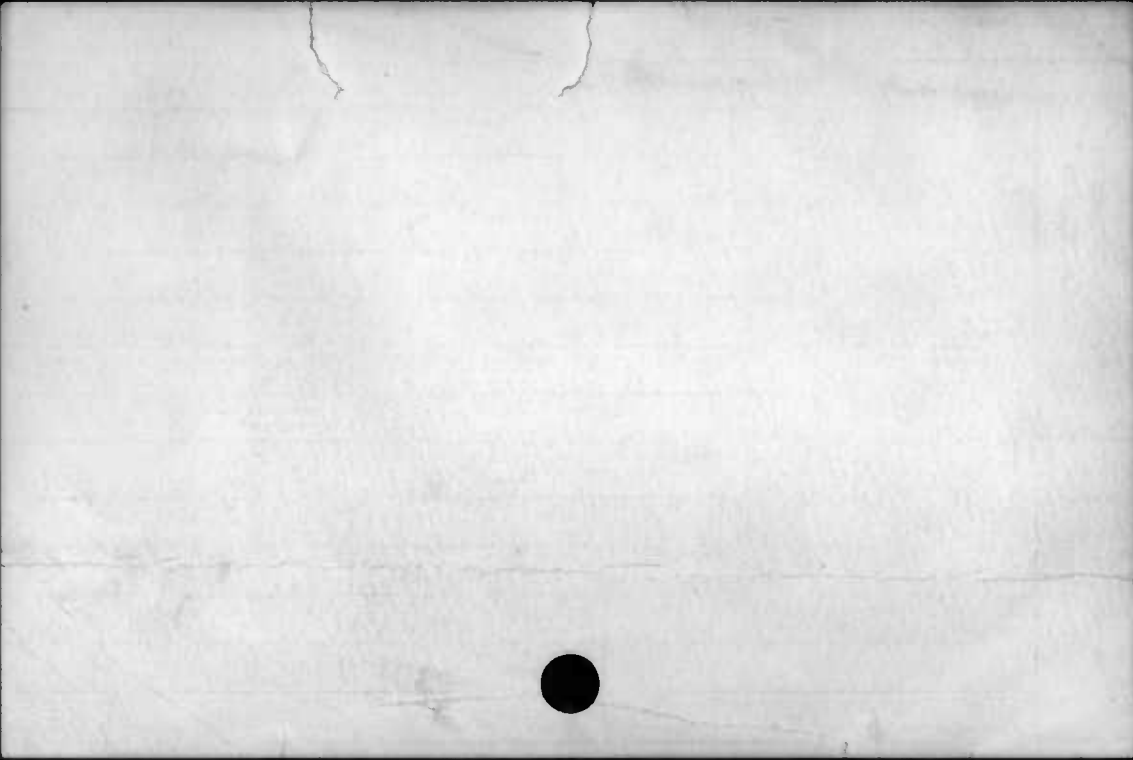
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Knoxville</i> ^{Town}		<i>Anderson</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Dec</i>	Day <i>23</i>	Age —	Months —	Days <i>17</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth- place <i>Ind.</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Clarence Page</i>			Father's Birthplace <i>Pa.</i>		
Mother's Maiden Name <i>Mary Mague</i>			Mother's Birthplace <i>Vt.</i>		
Name of person giving In formation <i>Mary Page</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prematurely born</i>	<i>7 months</i>	How long <i>17 days</i>
Immediate <i>In an infection</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Levin Fresh</i>
		Address <i>Brownsville Ind.</i>
Accident or Suicide?		



Name
in
Full

Mary E. Poole

CERTIFICATE OF DEATH

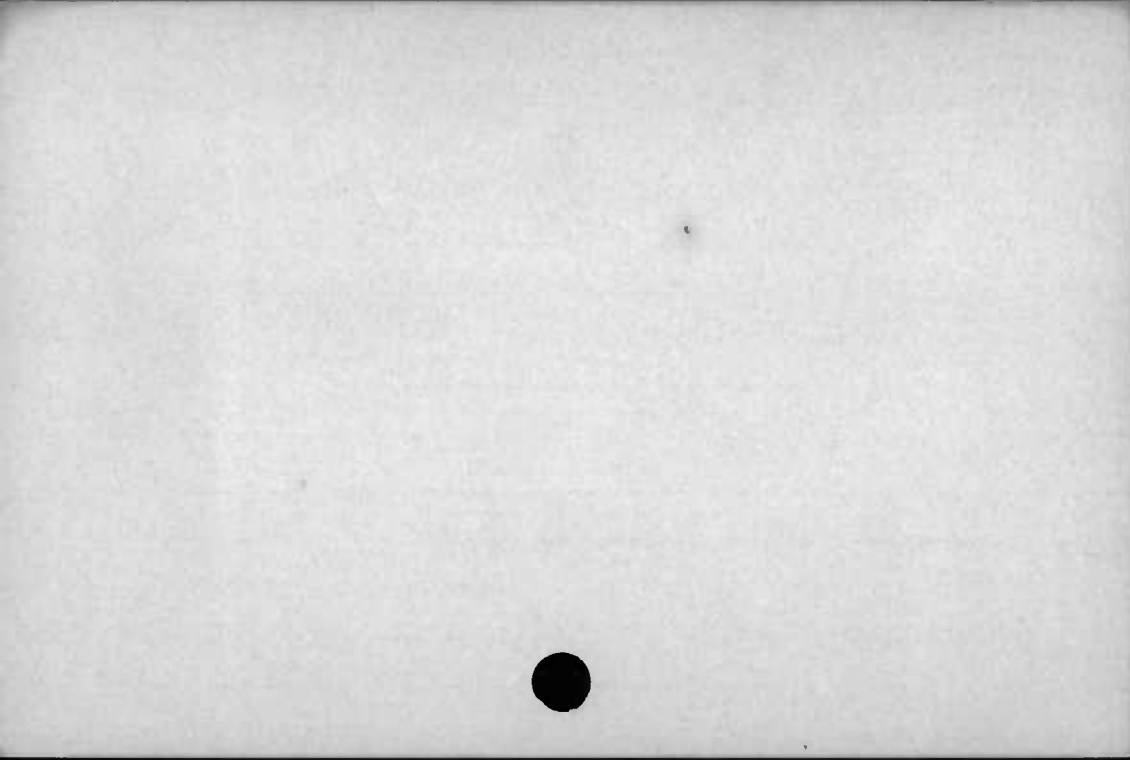
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick,</i>		Town <i>Frederick,</i>		County <i>"</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>12</i>	Day <i>5</i>	Age <i>70</i>	Years <i>3</i>	Months <i>17</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>NM</i>	Where Residing if not at place of death <i>29. Water St</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Charles E. Poole</i>						
Father's Name <i>John J. Bugle</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Elizabeth Hahn</i>	Mother's Birthplace <i>md</i>						
Name of person giving information <i>Husband</i>	How related to deceased <i>—</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Pneumonia</i>	How long <i>15 years</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. J. Grady md</i>
	Address <i>Frederick,</i>
	<i>md</i>
Accident or Suicide?	



Name
in
Full

Beatrice Cordelia Porter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i>			County <i>Isidricks</i>			MARYLAND	
Date of death 190 <i>3</i>		Month <i>12</i>	Day <i>21</i>	Age <i>1</i>	Months <i>4</i>	Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>single</i>			Occupation <i>none</i>				
Name of Wife or Husband							
Father's Name <i>Wm O Porter</i>				Father's Birthplace <i>W. Va</i>			
Mother's Maiden Name <i>Hannah Numbarger</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Clifton Porter</i>				How related to deceased <i>uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 week</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. L. Horine</i>	
		Address <i>Brunswick, md</i>	
Accident or Suicide? <i>no</i>			

RM 14

15-102

16-102^{3/5}

Name in Full		Guy Marriau Price				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Burrwick		County Fredrick		MARYLAND	
	Date of death	1903	Month 12	Day 2	Age 2	Months 3	Days 11
	Sex	Male		Color or Race White		Birth-place Md	
	Occupation	None			Where Residing if not at place of death		
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	George F. Price			93		Father's Birthplace Va
	Mother's Maiden Name	Clarice P. Snapp					Mother's Birthplace Va
	Name of person giving information	George F. Price					How related to deceased Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long 2 days	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician H. H. Hedges	
				Address Burrwick			
	Accident or Suicide?						



Name
in
Full

Morgan Estelle Redman

CERTIFICATE OF DEATH

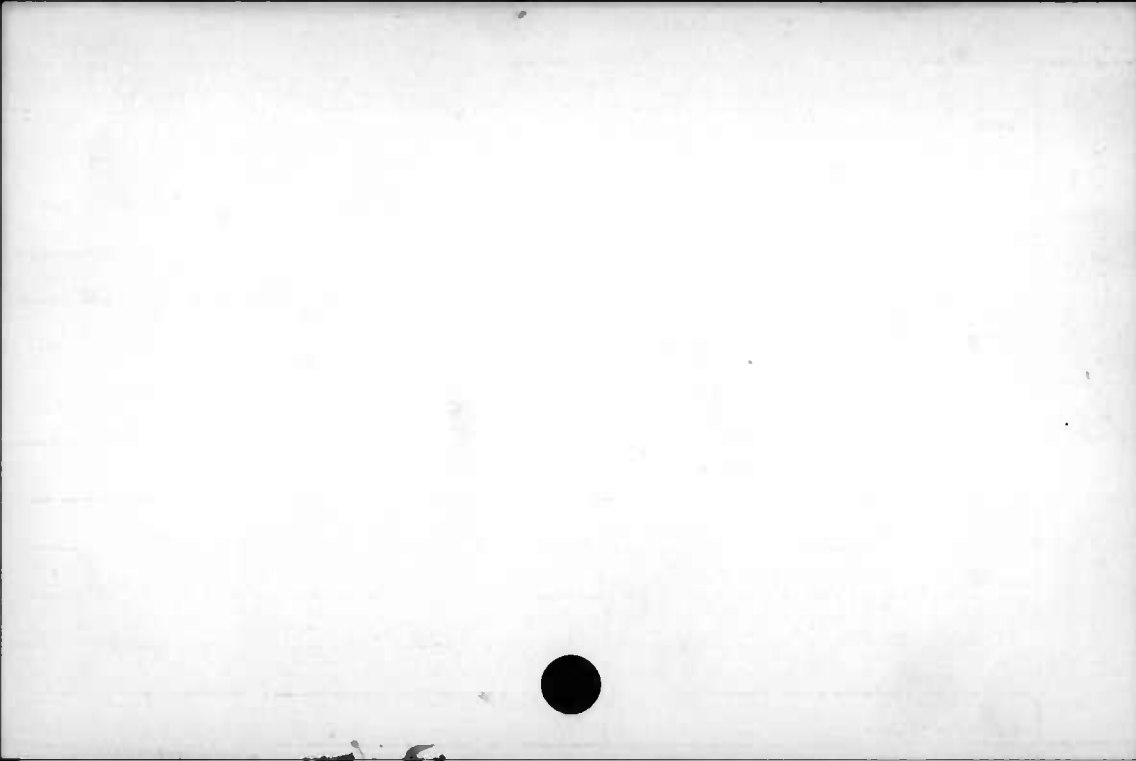
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Baltimore		County Frederick		MARYLAND	
Date of death 190	3	Month Dec	Day 9th	Age Years	—	Months 7	Days 2 ✓
Sex	Female		Color or Race	White		Birth- place	Md
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				A. R. Redman			
Mother's Maiden Name				Matthie E. Philapps			
Name of person giving In formation				A. R. Redman			
Father's Birthplace				5th - u			
Mother's Birthplace				Md			
How related to deceased				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long	1 mo
Immediate	asphyxia		How long	2 + hours
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Levin Truck		
Address		Frederick Co.		
Accident or Suicide?				



Name in Full		JAMES W. REED				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town FREDERICK		County FREDERICK		MARYLAND	
	Date of death	1903	Month 12	Day 22	Age 2	Years 6	Months 22
	Sex	Male		Color or Race	White		Birth-place Md
	Occupation	X			Where Residing if not at place of death X		
	Married, Single or Widowed	X		Name of Wife or Husband X			
	Father's Name	FREDERICK A. REED				Father's Birthplace	Md
	Mother's Maiden Name	MATTIE E. HYFFNER				Mother's Birthplace	Md
Name of person giving information	FREDERICK A. REED JR				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Double Pneumonia				How long	1 week
	Immediate	Lupus				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	W. J. Fordice Md
	Accident or Suicide?	no				Address	FREDERICK



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Ringgold</i>		Town <i>Frederick</i>		County <i>Frederick</i>		State <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>Dec</i>		Day <i>28</i>		Age <i>65</i>	
Date of death 1903		Month <i>Dec</i>		Day <i>28</i>		Age <i>65</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months <i>69</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Farmer</i>		Months <i>69</i>		Days <i>18</i>	
Name of Wife or Husband <i>Nannie Ringgold</i>		Occupation <i>Farmer</i>		Months <i>69</i>		Days <i>18</i>	
Father's Name <i>John Ringgold</i>		Father's Birthplace <i>Germany</i>		Months <i>69</i>		Days <i>18</i>	
Mother's Maiden Name <i>Mary</i>		Mother's Birthplace <i>"</i>		Months <i>69</i>		Days <i>18</i>	
Name of person giving information <i>Nancy Ringgold</i>		Now related to deceased <i>Wife</i>		Months <i>69</i>		Days <i>18</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Organic heart disease</i>	How long <i>Several years</i>
Immediate <i>Heart failure</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>M. G. Trachtenberg M.D.</i>
	Address <i>Castle Bldg, Frederick</i>
Accident or Suicide?	

Internment at Middletown

"

Dec 3rd 1861

A T Rice & Sons.

Name
in
Full

Wm E Rumpf.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at: <u>Frederick</u>		Town		County		Frederick		MARYLAND	
Date of death	1903	Month	Dec	Day	16	Age	13	Years	Months
									25
Sex	Male		Color or Race	White		Birth-place	Frederick		
Occupation	Nothing		Where Residing if not at place of death		At home				
Married, Single or Widowed	Single		Name of Wife or Husband		None				
Father's Name	Wm H Rumpf		Father's Birthplace		Frederick				
Mother's Maiden Name	Elizabeth M Esterly		Mother's Birthplace		Frederick				
Name of person giving information	Elizabeth Esterly		How related to deceased		Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Parenchymatous Nephritis	How long	2 years
Immediate	Cardiac Asthenia	How long	Few days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	La Bruce M.D.
		Address	17 E 2nd St Frederick Md
Accident or Suicide?			



Name
in
Full

Benjamin's American Smith

CERTIFICATE OF DEATH

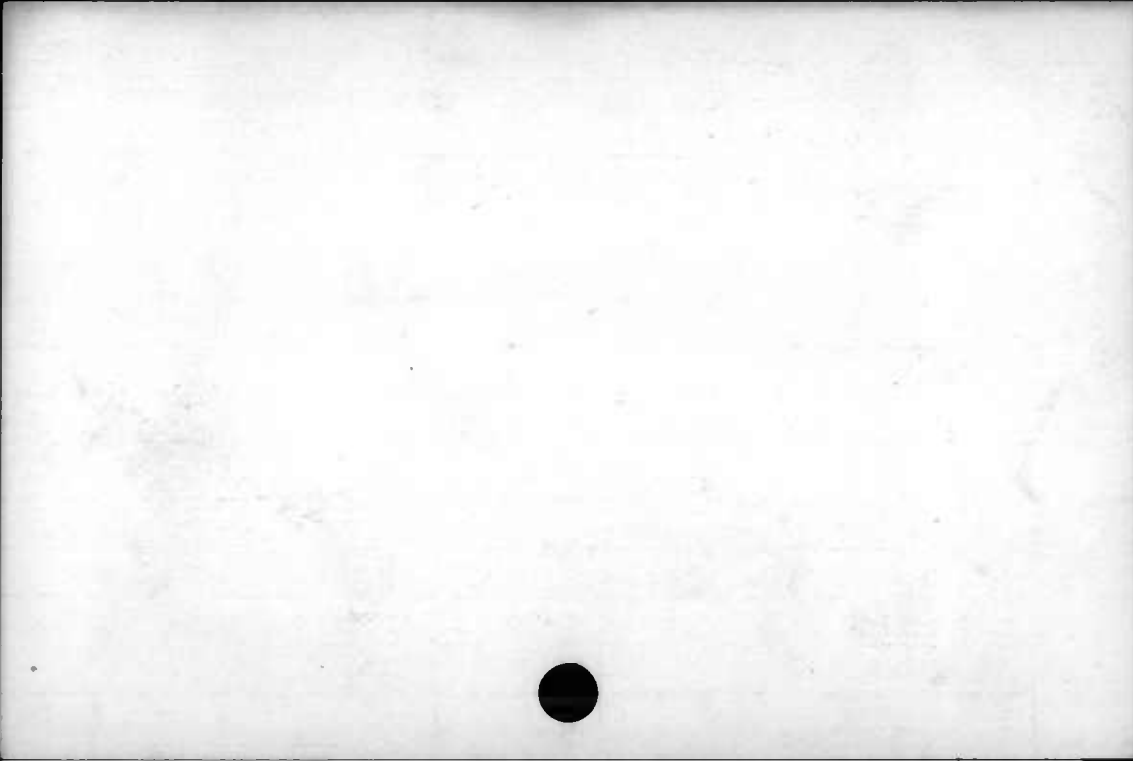
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mednick</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190	3	Month <i>Dec.</i>	Day <i>16</i>	Age <i>85</i>	Years	Months <i>10</i>	Days
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth- place	<i>Virginia</i>
Married, Single or Widowed	<i>Widower</i>			Occupation			<i>Laborer</i>
Name of Wife or Husband				<i>Don't know</i>			
Father's Name				<i>Don't know</i>			
Mother's Maiden Name				<i>Don't know</i>			
Name of person giving In formation				<i>Daughter</i>			
Father's Birthplace				<i>Don't know</i>			
Mother's Birthplace				<i>" "</i>			
How related to deceased				<i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>Don't know</i>
Immediate	<i>Asthma</i>	How long	<i>several weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

James A. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mountville ^{Town} Fredrick ^{County} MARYLAND

Date of death 1903 Dec. 29 ^{Month} ^{Day} 61 ^{Years} 2 ^{Months} 27 ^{Days}

Sex Male Color or Race White Birth-place Fredrick Co.

Married, Single or Widowed Married Occupation Laborer

Name of Wife or Catherine Keller
~~Husband~~

Father's Name John Smith 20 Father's Birthplace Fredrick Co.

Mother's Maiden Name Pearl 20 Mother's Birthplace Fredrick Co.

Name of person giving information M. R. Etchem (Undertaker) How related to deceased ()

CAUSES OF DEATH

PHYSICIAN
OR CORONER

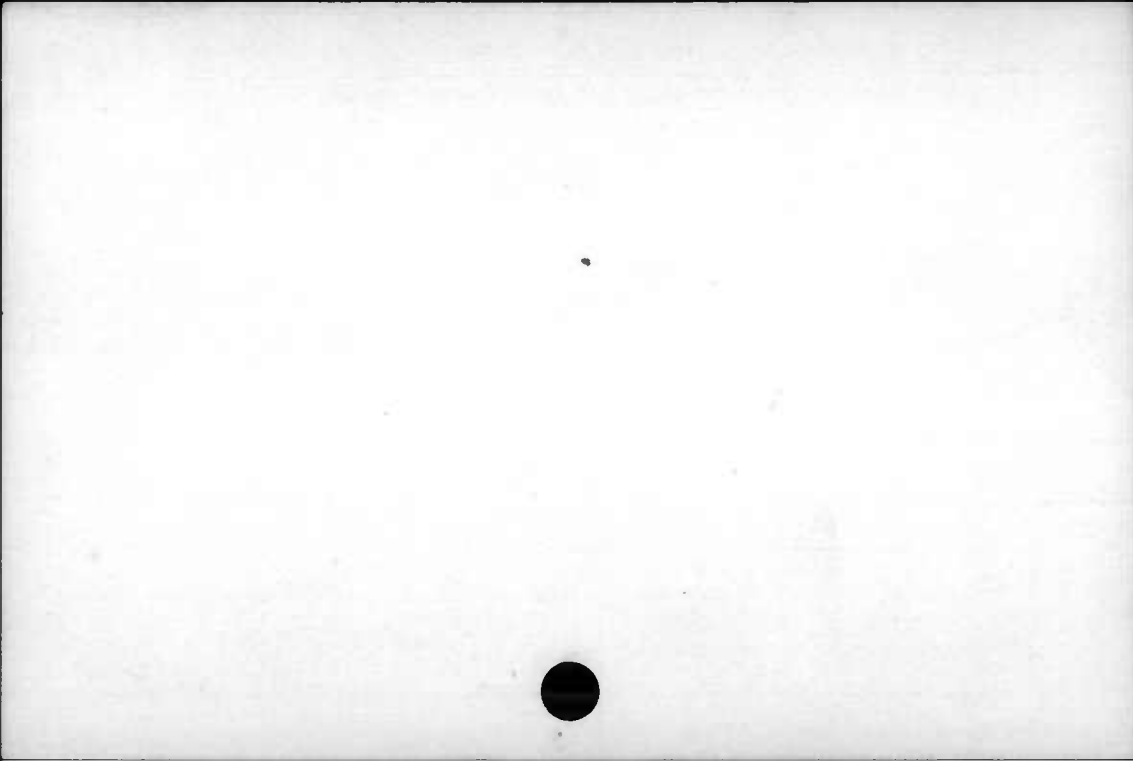
Primary Intermittent Nephritis How long Do not know

Immediate Uraemic Coma How long Two days

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician C. W. R. Brown

Address Jefferson, Md.

Accident or Suicide?



Name
in
Full

William Dubrow Smith

CERTIFICATE OF DEATH

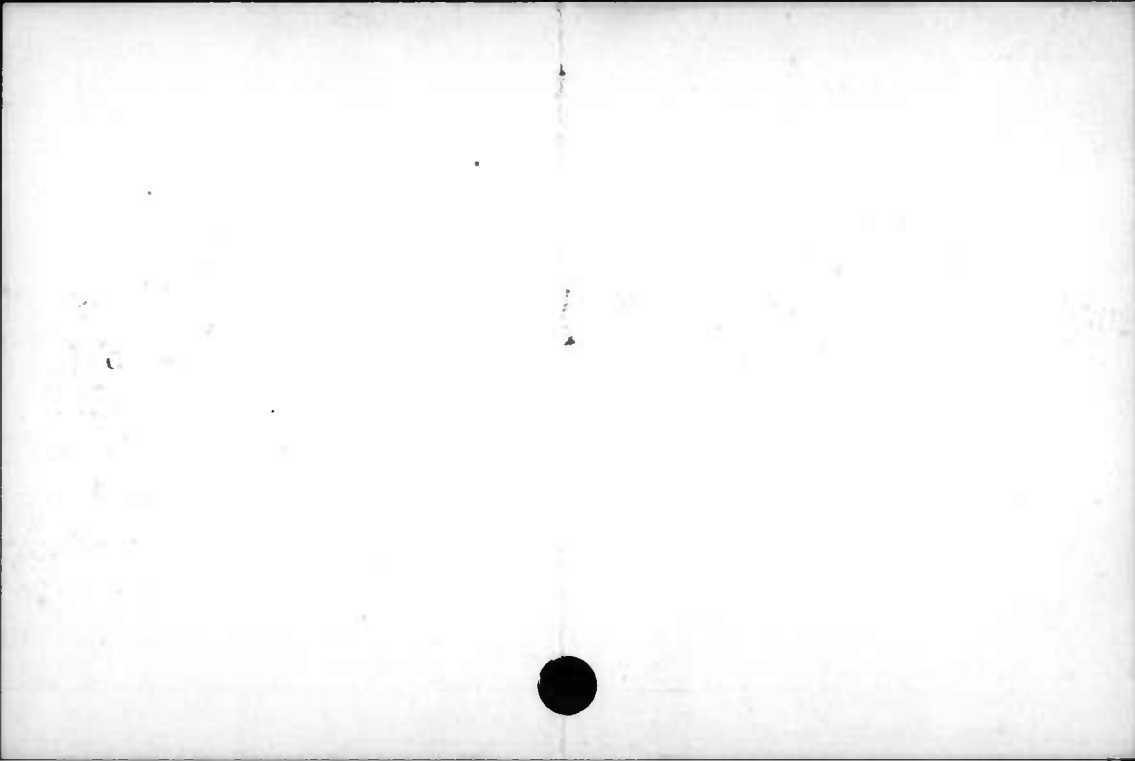
TO BE ANSWERED BY
NEAREST FRIEND

Died near <i>Indersuch</i>		Town <i>Indersuch</i>		County <i>Indersuch</i>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>7</i>	Age <i>8</i>	Years	Months <i>5</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Co -</i>				
Married, Single or Widowed			Occupation <i>None</i>				
Name of Wife or Husband <i>X</i>							
Father's Name <i>Howard L. Smith</i>				Father's Birthplace <i>Co</i>			
Mother's Maiden Name <i>Miss Leva Thomas</i>				Mother's Birthplace <i>Co -</i>			
Name of person giving information <i>Howard L. Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Infantile Paralysis -</i>	How long <i>Since Birth</i>
Immediate <i>Exhaustion (Dysentery)</i>	How long <i>Not suddenly -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Franklin Buchanan Esq</i>
<i>Not by urine of Physician in</i>	Address <i>Indersuch Bay Md</i>
Accident or Suicide? <i>Not by Phys was</i>	



Name
in
Full

Avilla Williams -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Monterius Hospital</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Dec</i>	Day <i>25</i>	Age <i>90</i>	Months		Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth- place				
Married, Single or Widowed		<i>X</i>		Occupation			
Name of Wife or Husband		<i>X</i>					
Father's Name		<i>X</i>		Father's Birthplace		<i>-</i>	
Mother's Maiden Name		<i>X</i>		Mother's Birthplace		<i>-</i>	
Name of person giving Information		<i>T</i>		How related to deceased		<i>+</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age & cancer of breast</i>	How long	<i>Don't know</i>
Immediate	<i>Flunked</i>	How long	<i>+</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>+</i>		<i>S. S. Maynard</i>	
		Address	
		<i>17 Beacon St W</i>	
<i>Accident or Suicide?</i>			

